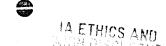
File with: lowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, Iowa 50319



FOR INSTRUCTIONS SEE BACK OF FORM



A ETHICS AND MISSLESURE

Fax: 515-281-4073	DISCLOSUR	E SUMMARY PAGE		2008 OCT 20 AM 9:		
COMMITTEE NAME (Must b	e same as on Statement of O	rganization)		STORY OF THE STORY		
Mosiman for Auditor				FORM		
IMPORTANT: Indicate by # type (1)Statewide/Legislative/Judge : (4)County Central Committee (: Subdivision Candidate (8)Count 11) Local Ballot Issue	Standing for Retention Candidate 5 (County Candidate 6 (County Candidate)	or. (2)State PAC (3)State Party ndidate (7)School Board or Other Politic ol Board or Other Political Subdivision PA		DR-2 (Rev. 07/2007) DISCLOBURE REPORT For Office Use Only		
CANDIDATE COMMITTEES Candidate Name	ONLY:	Political Party (if applicable)	7	Comm. # Logged in		
Mary Mosiman		Republican		Scanned Computer		
Office Sought County Auditor		District (If Senate or House) n/a		Audited		
IGHT ORE OF PERSON FIL		GG 233-S887 TELEPHONE REPORT FOR (1) ELECTION	-	ID/19/08 DATE SIGNED		
	port date)			I-ELECTION YEAR.		
CHECK IF AMENDMENT TO		Indicate by	- L			
	NECONI DELICE			mmittees, enter Date of Election		
Case (You must continue to file reports until a DR-3 is filed.)				4/08 Ny & Local Committees, enter County in the lection is held NY		
STATEM	ENT OF CASH ON HAN	ID		the state of the s		
ASH ON HAND at the beginn committee. This amor of the last reporting pe	unt MUST be the same as the	otal of all funds held by the cash on hand at the end first report filed.)	2	4,851.83		
	TAKEN IN THIS PERIOD	, ,				
Schedule A: Cash Co	***********	55.00				
Schedule F: Loans Re	eceived total (Attach Schedul	в F)				
Schedule H: Total Sa	les of Campaign Property (At	lach Schedule H)				
(Schedule H	applies to Candidates' Con	mittees Only)				
		SUB-TOTAL	\$	· · · · · · · · · · · · · · · · · · ·		
	HONEY SPENT THIS PERIO			• • •		
) (**also see debts and loans below).		0.00		
Schedule F: Loan Rep	payments total (Attach Sched	ule F)	**			
ASH ON HAND at the end of t	his reporting period (if final re	port balance must be zero)	\$	4,906.83		
JNPAID BILLS (From Schedu	ile D - Attach Schedule D)		\$			
N KIND CONTRIBUTIONS (FI	rom Schedule E - Attach Sche	edule E)	.	0.00		
		ule F)				
ONSULTANT BREAKDOWN			_	YESNO		
ANDIDATE COMMITTEES ON	î <u>ly:</u>		_			
LLUE OF CAMPAIGN PROPE	ERTY (From Schedule H - Am	ach Schorlige Hi				

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

SCHEDULE

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

MONETARY (Rev. 07/03) RECEIPTS COMMITTEE NAME (Must be same as on Statement of Organization) CHECK THIS BOX IF AMENDING FORM Mosiman for Auditor

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committee

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (If applicable)	AMOUNT RECEIVED	V IF FOR FUND- RAISER
	ID#				RAISER
07/30/08	CK#	Deama Ward Nevada, IA 50201		\$20.00	
· · · · · · · · · · · · · · · · · · ·	10#			1	
08/06/08	CK#	Roman Lunch 3720 Jewel Dr		10.00	
	15#	Ames IA 50010	<u> </u>		
	CK#	Mr.Whisenand Kelley, IA		25.00	
	1D#				
	CK#				
	ID#				L
	CK#				
	ID#				
	CK#				
	TD#				
	CK#				
	ID#				
	CK#				
	10#			j	
	CK#				
	ID#				
- 1	CK#				
			SUB-TOTAL	\$ 55,00	
	TOTAL (If lest page of this schedule)				

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no families relationship, enter "not applicable" in the relationship column.

of 1 (for Schedule A)

\$ 55.00